

**PART I. APPLICATION TITLE PAGE****2014 CDBG Capital Application : \_\_\_\_\_**

1. Applicant Agency Name \_\_\_\_\_
2. Title of Proposed Project \_\_\_\_\_
3. Project Site Street Address \_\_\_\_\_ **Tax Parcel #:** \_\_\_\_\_  
 \_\_\_\_\_  
 (Zip Code Required) **Congressional District:** \_\_\_\_\_  
 (For Mapping Purposes)
- 3.1 Provide boundaries of service delivery area in narrative form (describing natural boundaries, site street names, roads, etc).and provide a map outlining the area that will be served.  
*Insert text here. Provide map as an attachment labeled "Attachment 2 - Service Delivery Area".*
4. Proposed Use of CDBG Funds (Summarize in one or two sentences how CDBG funds will be used.)  
*Insert text here*
5. 2014 King County CDBG Funds Requested: \$ \_\_\_\_\_  
 Matching funds (private): \$ \_\_\_\_\_  
 Other Grant, State Federal Fund Sources (detailed in Application) \$ \_\_\_\_\_  
 Total Project Cost: \$ \_\_\_\_\_
6. Can your project be funded at a reduced level if necessary? \_\_\_\_ yes \_\_\_\_ no.
- If yes, what is the minimum amount of CDBG funding needed to still have the project go forward?  
 \$ \_\_\_\_\_
- What would be changed to address the reduction of funds?  
*Insert text here*

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION INCLUDED IN THIS APPLICATION HAS BEEN CAREFULLY EXAMINED. APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES AND REGULATIONS REFERENCED IN THE APPLICATION IF FUNDING IS AWARDED. IT IS FURTHER UNDERSTOOD THAT INFORMATION PRESENTED IN THIS APPLICATION WILL BECOME A PART OF ANY SUBSEQUENT FUNDING CONTRACT.**

\_\_\_\_\_  
 :  
 Applicant Contact Information

X \_\_\_\_\_  
**Authorized Signature of Applicant**

\_\_\_\_\_  
**Print or Type Contact Name and Title**

\_\_\_\_\_  
 Print or type Name and Title

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 E-mail Address:

\_\_\_\_\_  
 Phone and Fax #

**ATTENTION:** Applications submitted by cities or towns must be signed, not stamped, by your Mayor or City Manager and authorized by your City Council. Applications submitted by nonprofit organizations or special districts must be signed by an authorized representative and authorized by your board.



A copy of City Council or board minutes authorizing submittal of your application must be submitted with the application. **Labeled Attachment No.1**

**If more than one application is submitted, the City Council or board minutes authorizing the applications must indicate priority order of proposal request.**

**PART I. AGENCY INFORMATION****2014 CDBG Capital Application**

The following page is for HCD Application Tracking Purposes Only, go on to the next page.

**Application Modifications:** *(HCD Use Only)***Application Page(s)****Updated****Issue****Date**


HUD Matrix Code: \_\_\_\_\_

Amount of Funding Request: \$\_\_\_\_\_

Eligibility Citation: 570.\_\_\_\_\_

National Objective Citation: 208.\_\_\_\_\_

Consolidated Plan Strategy #:\_\_\_\_\_

☐ North/East Sub-Region ☐ So. Sub-Region

Reviewed and confirmed eligibility:

HCD CD Planner:\_\_\_\_\_

HCD Coordinator:\_\_\_\_\_

HCD Program Manager:\_\_\_\_\_

**PART I. AGENCY INFORMATION****2014 CDBG Capital Application****A. AGENCY CONTACT SHEET AND ORGANIZATION INFORMATION**

Grant Writer      Contact Name: \_\_\_\_\_  
                          Agency Name/Title: \_\_\_\_\_  
                          E-Mail: \_\_\_\_\_  
                          Phone and Fax #: \_\_\_\_\_  
                          Web Site Address: \_\_\_\_\_

General (Offices)      Agency Name: \_\_\_\_\_  
                          Mailing Address: \_\_\_\_\_  
                          City/State/Zip: \_\_\_\_\_  
                          Phone and Fax #: \_\_\_\_\_  
                          Web Site Address: \_\_\_\_\_

Executive Director      Name/Title: \_\_\_\_\_  
                          E-Mail: \_\_\_\_\_  
                          Phone and Fax #: \_\_\_\_\_

Financial Staff      Name/Title: \_\_\_\_\_  
                          E-Mail: \_\_\_\_\_  
                          Phone and Fax #: \_\_\_\_\_

Fiscal Information      Applicant's Federal Taxpayer ID No. 91- \_\_\_\_\_  
                          Applicant's Federal DUNS Number: \_\_\_\_\_ CAGE Number \_\_\_\_\_  
                          King County Vendor # \_\_\_\_\_

**B. AGENCY SERVICE INFORMATION**

B.1. What services does your agency provide? Describe the need or problem your program is designed to meet. What is the problem/need you are addressing? Quantify this need, using local or regional data that confirm or describe the problem or need. How much of the need are you currently serving?

*Insert text here*

B.2. How do you determine eligibility (income screening, location of residence, eligibility in other government programs? Are you familiar with current CDBG income screening requirements? [PART III, VI and VII applicants will need to provide a copy of the tool used during the client intake process as an attachment per instructions.]

*Insert text here*

B.3. Describe the process your agency uses to a) assess community needs, b) obtain input from clients on service delivery and c) ensure the services are delivered by culturally competent staff in a culturally competent manner. How often is this completed?

*Insert text here*

**PART I. AGENCY INFORMATION****2014 CDBG Capital Application****B.4 Agency Service Profile.**

Using the table below, indicate the total number of individuals, including family members, served by your agency during 2011 and 2012 according to the applicable income category.

Yearly Income Categories	30% Median Very Low-Income	50% Median Low Income	80% Median Moderate Income	Total number of individuals served
For year 2011				
For year 2012				

**C. AGENCY PROGRAM EXPERIENCE**

C.1. Describe the length of time the agency has operated, date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency's capabilities, the number and characteristics of clients served, and required licenses to operate (if applicable).

*Insert text here*

C.2. Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure.

*Insert text here*

**D. AGENCY BACKGROUND INFORMATION**

D.1. Provide Agency's current adopted Mission Statement or Vision Statement:

*Insert text here*

**D.2. Agency Financial Management Profile**

Audit: - OMB A-133 Provide a copy of the most recent A-133 Audit. **Label as Attachment 4**

D.2.1 Did your agency receive a cumulatively amount of \$500,000 or more in federal funds in 2012?  
☐ Yes ☐ No (If yes, please provide a copy of the Schedule of Expenditures of Federal Awards (SEFA). **Label it Attachment 4A**

D.2.2 Does your agency anticipate receiving a cumulative total of \$500,000 or more in federal funds in 2013?  
☐ Yes ☐ No

*Insert text here*

Audit(s) - Miscellaneous Financial Report(s)

D.2.3. If an audit is not available, then a financial statement(s) that include General Ledger and Balance Sheet detail for the most recent one year period is required. **Label as Attachment 4.**

D.3. Organization Chart - Provide a chart that outlines the level of authority associated with the implementation of a project if funds are awarded. This should reflect the front line person through to the authority who signs the Application and the Contract. **Label as Attachment 5**

**PART I. AGENCY INFORMATION****2014 CDBG Capital Application****Non-Profits or Special Districts – Additional Required Attachments**

- ☐ Current List of Agency Board Members **Attachment No: PART I-D.4.1**

Provide a current list of Agency Board of Directors: Include name, position/title, city residence, length of time on the Board, and expiration of terms. Note any vacant positions.

- ☐ Current Bylaws; Articles of Incorporation **Attachment No: PART I-D.4.2**

- ☐ Copy of Non-Profit IRS Letter of Designation **Attachment No. PART I-D.4.3**

**E. PROJECT PARTNER SPONSOR INFORMATION:** *(Applies to King County Housing Authority and King County Department Sponsored Projects only)*

E.1. General    Agency Name: \_\_\_\_\_  
                      Mailing Address: \_\_\_\_\_  
                      City/State/Zip: \_\_\_\_\_  
                      Phone and Fax #: \_\_\_\_\_  
                      Web Site Address: \_\_\_\_\_

E.2 Executive Director Name/Title: \_\_\_\_\_  
                      E-Mail: \_\_\_\_\_  
                      Phone and Fax #: \_\_\_\_\_

E.3. If King County:  
     (Division Director)    Name/Title: \_\_\_\_\_  
                                      Department: \_\_\_\_\_  
                                      E-Mail: \_\_\_\_\_  
                                      Phone and Fax #: \_\_\_\_\_  
                                      Assigned Staff Contact Name: \_\_\_\_\_  
                                      E-Mail: \_\_\_\_\_  
                                      Phone and Fax #: \_\_\_\_\_

**F. CULTURAL COMPETENCY****ADVISORY SECTION ON CULTURAL COMPETENCY IN PROVISION OF SERVICES**

Purpose: Please note that this section is strictly advisory to the applicant. The purpose of this page is to call attention to a trend still in development, but that is receiving considerable discussion nationwide and for which standards will likely be developed in the future. This the trend to achieve cultural competency in the delivery of social services to populations of diverse ethnic, racial, religious, linguistic and other backgrounds. Most local agencies are already serving the needs of these diverse populations with great success. The concept of cultural competency seeks to extend these efforts to even better serve the diversity of people in our communities.

- Definition of Cultural Competency: An ongoing and evolving process that comprises knowledge attainment and the development of behaviors, attitudes, policies, and practices that come together in a system of care enabling agencies, programs, and individuals to increase access to services and to develop or adapt services that are appropriate to specific cultural needs.

**PART I. AGENCY INFORMATION****2014 CDBG Capital Application**

- Cultural competency implies a process, rather than a single point in time. Further, it requires the attainment of knowledge and skills that will help providers and programs work more effectively with people who have diverse backgrounds and experiences. Finally, cultural competence requires action to increase access and cultural adaptation based on what is learned about individuals and communities.
- Cultural competency denotes a commitment to social change, accessibility to opportunity, and delivery of services that are relevant to the details of a household's particular cultural background.

Please respond to the following questions: *(Please answer all three questions one single page.)*

F.1 To the best of your ability please describe the diversity of people your agency currently serves in terms of the following categories: race, ethnicity, religious affiliations, language groups, sexual orientation, and disability (physical and psychiatric),

*Insert text here*

F.2 How are your agency's services constructed to meet the needs of its clients based upon their identity as a member of one or more of these groups? (Examples: give #'s of bilingual staff, access to interpreter services, or collaborations with specialized expertise from agencies that serve minority populations.)

*Insert text here*

F.3 Do you have a training strategy in place to achieve cultural competency? Please describe.

*Insert text here*

Resources: The following resources are available to increase your agency's ability to serve people of diverse backgrounds in a culturally competent manner:

- Training opportunities are available through: minority Executive Directors Coalition (206) 325-2542, or University of Washington School of Social Work.  
On the web: [www.air.org/cecp/cultural](http://www.air.org/cecp/cultural).

*Continue to Next Page.*

**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application****A. Eligibility**

Check ☒ the one activity that you have determined your project would best qualify under:

<b>Activity</b>	<b>CFR Citation</b>	<b>HUD Matrix Code</b>	<b>Check Activity</b>
<b>Community Facilities</b>			
Acquisition of Real Property	570.201(a)	001	<input type="checkbox"/>
Senior Centers	570.201(c)	03A	<input type="checkbox"/>
Handicapped Centers	570.201(c)	03B	<input type="checkbox"/>
Homeless Facility (Not operation)	570.201(c)	03C	<input type="checkbox"/>
Youth Centers	570.201(c)	03D	<input type="checkbox"/>
Neighborhood Facilities	570.201(c)	03E	<input type="checkbox"/>
Child Care Centers	570.201(c)	03M	<input type="checkbox"/>
Fire Station/Equipment	570.201(c)	03O	<input type="checkbox"/>
Health Facilities	570.201(c)	03P	<input type="checkbox"/>
Abused and neglected Children Facilities	570.201(c)	03Q	<input type="checkbox"/>
Facilities for AIDS Patients (Not Operation)	570.201(c)	03S	<input type="checkbox"/>
*Removal of Architectural Barriers	570.201		
<b>Parks</b>			
Parks, Recreational Facilities	570.201(c)	03F	<input type="checkbox"/>
Tree Planting	570.201(c)	03N	<input type="checkbox"/>
<b>Public Infrastructure</b>			
Solid Waste Disposal Improvements	570.201(c)	03H	<input type="checkbox"/>
Flood Drainage Improvements	570.201(c)	03I	<input type="checkbox"/>
Water/Sewer Improvements	570.201(c)	03J	<input type="checkbox"/>
Street Improvements	570.201(c)	03K	<input type="checkbox"/>
Sidewalks	570.201(c)	03L	<input type="checkbox"/>
*Removal of Architectural Barriers	570.201		
<b>Miscellaneous</b>			
Minor Home Repair	570.202	14A	<input type="checkbox"/>
Non-residential Historic Preservation		16B	<input type="checkbox"/>
ED Direct Financial Assistance to For-Profits	570.203	18A	<input type="checkbox"/>
Micro-Enterprise Assistance	570.203	18C	<input type="checkbox"/>

\*As associated with one of the activities noted above it.

Provide (in narrative) why you feel the project falls within that category.

*Insert text here*

## PART II. FEDERAL REQUIREMENTS

## 2014 CDBG Capital Application

**B. National Objective****B.1 AREA BENEFIT****L/M Income Area Benefit**

For these purposes, an Area Benefit activity is an activity *that is available to benefit all the residents of an area* that is primarily residential. In order to qualify as addressing the national objective of benefit to L/M income persons on an area basis, an activity must meet the identified needs of L/M income persons residing in an area where at least 51 percent of the residents are L/M income persons. The benefits of this type of activity are available to all residents in the area regardless of income.

For example, typical Area Benefit activities include:

- ✓ Street improvements,
- ✓ Water and sewer lines,
- ✓ Neighborhood facilities, and
- ✓ Facade improvements in neighborhood commercial districts.

The requirement that an area benefit activity must qualify on the basis of the income levels of the persons who reside in the area served by the activity is statutory. (See section 105(c)(2) of the Housing and Community Development Act of 1974 as amended.) This means that the activity may not qualify as meeting the L/M income area benefit national objective on any other basis. For example, if the assisted activity is a park that serves an area having a L/M income concentration that falls below the required percentage, the activity may not qualify even if there is reason to believe that the park will actually be *used* primarily by L/M income persons.

***Determining the Service Area***

The inclusion or exclusion of a particular portion of the grantee's jurisdiction can make the difference between whether the percentage of L/M income residents in the service area is high enough to qualify under the L/M Income Benefit national objective. The principal responsibility for determining the area served by an activity rests with the grantee. HUD will generally accept a grantee's determination unless the nature of the activity or its location raises serious doubts about the area claimed by the grantee.

The area that the grantee determines will be served by an activity need not be coterminous with census tracts or other officially recognized boundaries, but it is useful if it reasonably coincides with such boundaries because of the need to consider census data in the area, as discussed later in this section. It is critical, however, that *the service area determined by the grantee be the **entire** area served by the activity*. This means that, even though a predominantly L/M income neighborhood may be one of several neighborhoods served by an activity (e.g., a grocery store) the percentage of L/M income persons in the *total area served by the activity* is considered for this purpose.

B.1.2 Define the service area. Briefly describe how the boundaries of the service area were determined.

*Insert text here*



**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application****B1. National Objective – Area Benefit**

There are two ways to qualify for Area Benefit. Check ☒ the box and provide the information which supports the method of qualification that demonstrates how your proposed activity meets this national objective:

- ☐ **B.1.3. Area Benefit / Census Tract(s) \ and Block Group(s) and number of residents in Service Delivery Area.** (Consult with HCD Staff to obtain HUD formula census data.) List ALL applicable Census Tracts and Block Groups along with the pertinent number of low/mod persons associated with the area.

Table B.2 – Census Tract / Block Group Project Information

Census Tract(s)	Block Group(s)	Total Population	Low/Mod Population	% Low Mod
[Add rows as needed]				
Area Total				

- ☐ **B.1.4. Area Benefit / Survey of Residents** in Defined Service Delivery Area

If a grantee has reason to believe that the available census data does not reflect current relative income levels in an area, or where the area does not coincide sufficiently well with census boundaries, HUD will accept information obtained by the grantee from use of a special survey of the residents of the area. The grantee must obtain HUD's approval of the survey instrument and other methodological aspects of the survey for this purpose. HUD will approve the survey where it determines that it meets standards of statistical reliability that are comparable to that of the Decennial Census data for areas of similar size.

HUD requires documenting the following Survey Results in the Low and Moderate Income Worksheet to determine level of eligibility: **Complete this table if the National Objective is determined via the Survey Instrument methodology.**

	Action	Required (Assuming 95% Confidence Level)	Expected
1	Number of Families in Project Service Benefit Area		
2	Number of families interviewed (surveyed)		
3	Number of persons in the families interviewed		*
4	Number of persons in the families interviewed who are low and moderate-income persons		
5	Divide Line 4 by Line 3		
6	Multiply Line 5 by 100. This is % of LMI persons in service area	%	%

\* Assuming 2.59 persons per household

**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application****B.2. National Objective - Limited Clientele Activities Benefiting Low/Moderate Income Persons**

A *Low/Moderate income limited clientele activity* is an activity which provides benefits predominantly to low to moderate-income persons rather than everyone in an area generally. It may benefit particular persons without regard to the area in which they reside, or it may be an activity which provides benefit on an area basis but only to a specific group of persons who reside in the area. In either case, at least 51% of the beneficiaries of the activity must be documented Low to Moderate income persons.

Check ☒ the one box below that supports the method of qualification that demonstrates how your proposed activity meets the Limited Clientele national objective

☐ **B.2.1 Presumed Benefit** - To qualify under this subcategory, a limited clientele activity must meet one of the following tests:

Exclusively benefit a clientele who are generally *presumed by HUD to be principally L/M income persons*. The following groups are currently presumed by HUD to be made up principally of L/M income persons:

- ☐ abused children,
- ☐ elderly persons, (defined as 62 years of age and older)
- ☐ battered spouses,
- ☐ homeless persons,
- ☐ adults meeting Bureau of Census' definition of severely disabled persons\*,
- ☐ illiterate adults,
- ☐ persons living with AIDS, and
- ☐ immigrant farm workers.

(**Note:** this presumption may be challenged in a particular situation, if there is substantial evidence that the persons in the actual group that the activity is to serve are *most likely not* principally L/M income persons.)

\* The census definition of "severely disabled" follows:

Persons are classified as having a severe disability if they:

- (a) used a wheel-chair or had used another special aid for six months or longer;
- (b) are unable to perform one or more "functional activities" or need assistance with an "ADL or IADL";
- (c) are prevented from working at a job or doing housework; or (d) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation. Also, persons who are under 65 years of age and who are covered by Medicare or who receive SSI are considered to have a severe disability.

*Note: For purposes of this definition, the term "functional activities" includes seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking. An ADL is an "activity of daily living" which includes getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting. An IADL is an "instrumental activity of daily living" and includes going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.*

It should also be noted that the so-called "presumed" categories were modified in the regulations in 1995. A new group has been added: "persons living with AIDS." The former category of "handicapped persons" has been replaced with "severely disabled adults." This latter change was made for two reasons. First, the

**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application**

word “persons” was replaced with “adults” to make it clear that an activity designed to treat handicapped children would not qualify for the presumption, because HUD has been unable to find evidence that the majority of handicapped (or even severely disabled) children are members of a L/M income family. Moreover, the term “handicapped” has been replaced with “severely disabled” (which now will use the census definition of that term). This change was made because the term “handicapped” has been used in so many different ways for different Federal programs and has taken on a much broader meaning than had been envisioned when it was originally introduced as a “presumed” L/M income group for CDBG purposes. A review of census data supports the presumption that adults (but not children, as mentioned above) having severe disability are predominantly L/M income persons.

☐ **B.2.2.** Require *information on family size and income* so that it is evident that *at least 51%* of the clientele are persons whose family income does not exceed the L/M income limit. (This includes the case where the activity is restricted *exclusively to L/M income persons*). *Reference: §570.208(a)(2)(i)(B) and (C)*

An example of the current HUD Income Guidelines are found in the following table. Income guidelines are adjusted annually by the United States Department of Housing and Urban Development. Please contact County staff for technical assistance and guidance if you need additional information or clarification of required report documentation if funds are awarded for your project.

<b>2013 HUD INCOME GUIDELINES</b> <b>Median Family Income = \$86,700</b> <b>Effective January 1, 2013</b>			
<b>FAMILY SIZE</b>	<b>30% MEDIAN VERY LOW-INCOME</b>	<b>50% MEDIAN LOW-INCOME</b>	<b>80% MEDIAN MODERATE INCOME</b>
• 1	\$18,200	\$30,350	• \$45,100
• 2	• \$20,800	• \$34,700	• \$51,550
• 3	• \$23,400	• \$39,050	• \$58,000
• 4	• \$26,000	• \$43,350	• \$64,400
• 5	• \$28,100	• \$46,850	• \$69,600
• 6	• \$30,200	• \$50,300	• \$74,750
• 7	• \$32,250	• \$53,800	• \$79,900
• 8	• \$34,350	• \$57,250	• \$85,050

☐ **B.2.3.** Be *of such nature and in such location* that it may reasonably be concluded that the activity’s clientele will primarily be L/M income persons (e.g., a day care center that is designed to serve residents of a public housing complex). *Reference: §570.208(a)(2)(i)(D)*

☐ **B.2.4.** Be an activity that serves to remove material or architectural barriers to the mobility or accessibility of elderly persons or of adults meeting the Bureau of the Census’ Current Population Reports definition of “severely disabled,” **provided** it is restricted, to the extent practicable, to the removal of such barriers by assisting:

- the reconstruction of a public facility or improvement, or portion thereof, that does not qualify under the L/M income area benefit criteria;
- the rehabilitation of a privately-owned nonresidential building or improvement that does not qualify under the L/M income area benefit criteria or the L/M income jobs criteria; or
- the rehabilitation of the common areas of a residential structure that contains more than one dwelling unit and that does not qualify under the L/M income housing criteria.

*Reference: §570.208(a)(2)(ii)*

**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application**

☐ **B.2.5.** Be a microenterprise assistance activity carried out in accordance with the provisions of §570.201(o) with respect to those owners of microenterprises and persons developing microenterprises assisted under the activity during each program year who are low- and moderate-income persons. (Note that, for these purposes, once a person is determined to be L/M income, he/she may be presumed to continue to qualify as such for up to a three-year period. This would enable the provision of general support services to such a person during that three-year period, without having to check to determine whether the person's income has risen.) *Reference: §570.208(a)(2)(iii)*

Because of certain statutory limitations, the regulations preclude the following kinds of activities from qualifying under the limited clientele category but qualify under the other statutes:

- Activities involving the acquisition, construction, or rehabilitation of property for housing, including *homeownership assistance (these must qualify under the Housing subcategory, because of section 105(c)(3) of the authorizing statute)*; or
- Activities where the benefit to L/M income persons is the creation or retention of jobs (these must qualify under the Jobs subcategory with certain exceptions as noted under the previous area benefit section, because of the different presumptions provided under sections 105(c)(1)(C) and (4) of the authorizing statute).

**Definitions****Low/Moderate Income Limited Clientele**

Section 102(a)(20) of the HCDA defines the term 'low- and moderate income persons' as families and individuals whose incomes are no more than 80 percent of the median income of the area involved. The 'area involved' is determined for the CDBG program the same way it is determined for the Section 8 Housing program. The 80% of median income figure is determined by HUD based on a four-person family and is adjusted upward or downward for larger or smaller families.

A **family** is defined in the Entitlement program as all persons living in the same household who are related by blood, marriage, or adoption. An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one-person family for this purpose. Adult children who continue to live at home with their parent(s) are considered to be part of the family for this purpose and their income must be counted in determining the total family income. A dependent child who is living outside of the home (for example, students living in a dormitory or other student housing) is considered for these purposes to be part of the family upon which he/she is dependent, even though he/she is living in another housing unit.

A **household** is defined in the Entitlement program as all persons occupying the same housing unit, regardless of their relationship to each other. The occupants could consist of a single family, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

**Persons vs. households:**

It is important to note that, for all but one of the subcategories under this national objective, the test of meeting the objective of Benefit to L/M Income Persons is to be met based on L/M **Persons**. Only with the subcategory of L/M Income Housing must the test be met based on L/M **Households**.

**Elderly or Senior Citizen:** According to HUD, you must be at least 62 years of age and meet one of the following three situations in order to qualify as an elderly household. In the first situation, you must be living alone or be the head of household or spouse of the head of household. The second situation requires two or more elderly people living together. In the third situation, an elderly person has a live-in aide. If a household has elderly people who do not meet any of the above three scenarios, then HUD does not consider it an elderly household.

**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application****C. Project Benefit**

The Agency will be required to ensure that services provided with funding under this award are made available to residents of jurisdictions participating in the King County CDBG Consortium: Indicate number of residents that will be served in each of the following communities.

- ☐ A minimum of thirty percent of the total population served must be CDBG Consortium residents for a project application that is multi-jurisdictional, including both CDBG Consortium and non-consortium jurisdictions;
- ☐ A CDBG Consortium funding award will be proportionate to the percent of consortium residents to be served for a multi-jurisdictional project application that serves CDBG Consortium and non-consortium residents.

**Table C.1 – Residents Served:**

<b>North/East Sub-region</b>		<b>South Sub-region</b>		<b>Outside CDBG Consortium</b>	
City	Indicate # of Beneficiaries	City	Indicate # of Beneficiaries	City	Indicate # of Beneficiaries
Beaux Arts		Algona		Auburn	
Bothell		Black Diamond		Bellevue	
Carnation		Burien		Federal Way	
Clyde Hill		Covington		Kent	
Duvall		Des Moines		Seattle	
Hunts Point		Enumclaw		Other	
Issaquah		Maple Valley			
Kenmore		Pacific			
Lake Forest Park		SeaTac			
Mercer Island		Tukwila			
North Bend		Renton – Joint Agreement City			
Sammamish		Uninc. King Co			
Skykomish					
Snoqualmie					
Woodinville					
Yarrow Point					
Kirkland-- Joint Agreement City					
Redmond – Joint Agreement City					
Shoreline -- Joint Agreement City					
Uninc.King Co.					
<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>	
<b>Grand Total</b>					

C.1 Describe the method and source(s) used for collecting the data in the project benefit worksheet.

*Insert text here*

**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application****D. ENVIRONMENTAL REVIEW**

**\*\*Note on Choice-Limiting Activities:** From your application submittal date until the ER completion date, no “choice limiting” activities (such as property acquisition, clearing, grading, site prep, etc.) may occur. Undertaking such activities after application submittal could void the project's eligibility.

**Please thoroughly answer the following questions:**

D.1 What is the current use of the site?

*Insert Text Here*

D.2. What are the current site natural conditions (trees, ground surface, etc.)? How developed (buildings, roads, etc.) is the site? Describe the surrounding area (commercial, residential, wooded, etc.).

*Insert Text Here*

D.3. Identify the nearest natural waterbody (stream, lake, etc.). How far, and in which direction, is it from the project site?

*Insert Text Here*

D.4 How much of a net increase in impervious surface (ex: concrete/asphalt) will occur (if applicable)?

*Insert Text Here*

D.5 Does a current stormwater system exist at the project site? Please explain.

*Insert Text Here*

D.6 Will the project excavate or otherwise disturb soil? If so, to what depth and horizontal dimensions? Will any previously-undisturbed soil be impacted? Please explain.

*Insert Text Here*

D.7 Is the project located in a(n): *(check and respond to all that apply)*

☐ D.7.1 FEMA-designated floodplain? If so, does your agency have flood insurance (please provide covered items, dollar amount and duration)? *(CDBG funds may not be used for any projects located in a FEMA-designated floodway).*

☐ D.7.2 Wetland?

☐ D.7.3 Ecologically-sensitive area?

☐ D.7.4 Designated Historic neighborhood?

D.8 Toxics:

- Has a *Phase I Environmental Site Assessment* (or equivalent toxics review) been completed? (These are normally completed upon property purchase.) If so, on what date?

*Insert Text Here*

- Do any underground storage tanks (used to store oil/fuel) exist on, or adjacent to, the property? Did any exist in the past? If yes, please explain, include size of the tank(s).

*Insert Text Here*

- What was the previous use of the property?

*Insert Text Here*

D.9 Identify any other environmental reviews or studies completed for this site.

Studies: [ Title \_\_\_\_\_ ] Date Completed: \_\_\_\_\_

SEPA [ Title \_\_\_\_\_ ] Date Completed: \_\_\_\_\_

Other: [ Title \_\_\_\_\_ ] Date Completed: \_\_\_\_\_

D.10 Provide and label pictures of project site as follows:

☐ D.10.1 North ☐ D.10.2 East ☐ D.10.3 South and ☐ D.10.4 West.

Label Pictures as **Attachment No. 6.**

D.11 Attach a site plan - label it “**Attachment 7**”.

**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application**

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D.12 Climate Change. In the near future, the National Environmental Policy Act (NEPA) and State Environmental Policy Act (SEPA) will require climate change impact assessments for certain project actions. In preparation for these coming requirements, this application asks some basic climate questions relating to your project. Please answer as best you can.

- Generally, what project construction practices and/or features will minimize climate impacts? Examples could include: green building materials, energy efficient design, pervious surfaces installed, proximity to mass transit, etc.
- Does your agency/organization have a climate change plan (guidance on reducing impacts to, or adapting to the effects of, climate change)? If so, please explain.

**If you need assistance with the Environmental Review Details section, please contact Randy Poplock at (206) 263-9099 or [Randy.Poplock@kingcounty.gov](mailto:Randy.Poplock@kingcounty.gov).**

*Continue to next page.*



**PART II. FEDERAL REQUIREMENTS****2014 CDBG Capital Application****E. RELOCATION DETAILS**

E.1 Is there Acquisition involved in any aspect of the project? ☐ Yes ☐ No  
 (This includes Right of Way acquisition associated with infrastructure projects.)

E.2 Will this project involve: Residential tenant relocation? ☐ Yes ☐ No  
 Commercial tenant relocation? ☐ Yes ☐ No

*If your answer is No for B.1 – move on to the next section of the application.*

**E.3 Type of Relocation**

Residential: ☐ Permanent ☐ Temporary

Commercial: ☐ Permanent ☐ Temporary

Briefly describe anticipated relocation needs and how they will be addressed

**E.4 What requirements or guidelines govern your relocation plan? (Check all applicable)**

☐ Uniform Relocation Act

☐ Section 104 [d]

☐ Washington State Department of Transportation

☐ Other (please specify): \_\_\_\_\_

E.5 Are there tenants in the facility at this time? ☐ Yes ☐ No

E.6 Have you developed a relocation plan for this project? ☐ Yes ☐ No

**E.7 How many tenants will need to be relocated in this project?**

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

E.8 Have you provided notices to the tenants indicating the type of displacement and benefits provided to tenants? ☐ Yes ☐ No

E.9 Have you identified replacement or temporary units for those who will be displaced? ☐ Yes ☐ No

E.10 Have you determined the tenants' relocation benefits? ☐ Yes ☐ No

E.11 Have you included the total relocation budget in the development budget under relocation? ☐ Yes ☐ No

**Attachments** (use colored separator sheets between documents)

E.12 - Attach copies of notices required indicating the type of displacement and benefits provided to the tenants

E.13 - Attach URA Checklist [HCD/CD URA FORM 1]

If you feel your project activity is a planning or human service activity and does not trigger the Uniform Relocation Act, please indicate such. If you are unsure, please contact Wendy DeRobbio for technical assistance at the following contact information and for documentation concurring with your interpretation.



**PART II. FEDERAL REQUIREMENTS**

2014 CDBG Capital Application

If you need assistance with the Relocation Details section, please contact Wendy DeRobbio, Relocation Specialist, 206-263-9070; or [wendy.derobbio@kingcounty.gov](mailto:wendy.derobbio@kingcounty.gov) or Kathy Tremper, CDBG Coordinator, 2060263-9097; or [Kathy.tremper@kingcounty.gov](mailto:Kathy.tremper@kingcounty.gov).

Continue to Application Forms. **Complete PART I and II for ALL applications** and attach it to the appropriate PART from the options below, depending on the category of your project.

**SELECT THE APPROPRIATE PART**

Answer associated questions pertinent to the type of project you are seeking funds to complete. Limit your response to no more than one page in length to each question. Do not leave any question unanswered. Indicate 'Not Applicable' rather than leave a question blank.

**PART I - Title Page w/Signature Block****PART II - Federal Requirements, Agency Information****PART III - Community Facility Category****PART IV – Public Improvements Category****PART V – Park Projects****PART VI – Economic Development & Microenterprise Activities****Part VII – Minor Home Repair**